

Appendix C

Proposed New Forms

PROBATE FORM 2-S:
**SUPPLEMENTAL ORDER TO GUARDIAN WITH INPATIENT PSYCHIATRIC
TREATMENT AUTHORITY AND ACKNOWLEDGEMENT**

Name of Person Filing Document: _____

Address: _____

City, State, Zip Code: _____

Telephone Number: _____

Attorney Bar Number (if applicable): _____

Licensed Fiduciary Number (if applicable): _____

Representing [] Self or [] Attorney for: _____

**IN THE SUPERIOR COURT OF THE STATE OF ARIZONA
IN AND FOR THE COUNTY OF _____**

In the Matter of the Guardianship of

Case Number: _____

**SUPPLEMENTAL ORDER TO GUARDIAN
WITH INPATIENT PSYCHIATRIC
TREATMENT AUTHORITY AND
ACKNOWLEDGEMENT**

Ward's Name,

an Adult.

(Assigned Judicial Officer)

Warning: This appointment is not effective until the *Letters of Appointment* have been issued by the Clerk of the Superior Court.

The welfare and best interest of the person named above ("your ward") are matters of great concern to this Court. This document addresses only your powers and duties relating to inpatient psychiatric treatment for your ward. Thus, the orders made in this document are in addition to, and supplement, the orders made in the *Order to Guardian and Acknowledgment and Information to Interested Persons* or the *Order to Guardian and Conservator and Acknowledgment and Information to Interested Persons* that you and the Court have signed.

Notwithstanding paragraph 6 of the *Order to Guardian and Acknowledgment and Information to Interested Persons* or the *Order to Guardian and Conservator and Acknowledgment and Information to*

Interested Persons, you may place your ward in an inpatient psychiatric facility against your ward's will. However, you must comply with A.R.S. § 14-5312.01, including but not limited to the following requirements:

- A. Within forty-eight hours after placing your ward in an inpatient psychiatric facility, you must notify your ward's attorney of the placement.
- B. When your ward is admitted to an inpatient psychiatric facility, you must provide that facility with the name, address and telephone number of your ward's attorney.
- C. You must sign any documents necessary to allow your ward's attorney access to all of your ward's medical, psychiatric, psychological, and other treatment records.
- D. You must place your ward in the least restrictive treatment alternative within five calendar days after the medical director of the inpatient psychiatric facility notifies you that your ward no longer needs inpatient care.
- E. You must file with the annual report of the guardian required pursuant to A.R.S. [§ 14-5315](#) an evaluation report by a psychiatrist or a psychologist. The evaluation report must indicate whether your ward will likely need inpatient mental health care and treatment within the next 12 months. If or if you do not file the evaluation report, the report indicates that your ward will not likely need inpatient mental health care and treatment, your authority to consent to placement in an inpatient psychiatric facility will cease on the date specified in the prior court order. If the report supports the continuation of your authority to consent to inpatient treatment, the court may extend your authority to consent to this placement in an inpatient psychiatric facility. However, at least 30 days before that authority expires, you must file a motion requesting that the Court extend that authority.
- F. At any court hearing regarding the placement of your ward in an inpatient psychiatric facility, you will have the burden of proving by clear and convincing evidence that your ward is likely to be in need of inpatient mental health care and treatment within the period of the authority granted.

This order is only an outline of **some** of your duties as a guardian who has been granted the authority to place your ward in an inpatient psychiatric facility. It is **your** responsibility to obtain proper legal advice about your duties. Failure to do so may result in personal financial liability for any losses.

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|--|
| <p>WARNING: FAILURE TO OBEY THE ORDERS OF THIS COURT AND THE STATUTORY PROVISIONS RELATING TO GUARDIANS MAY RESULT IN YOUR REMOVAL FROM OFFICE AND OTHER PENALTIES. IN SOME CIRCUMSTANCES, YOU MAY BE HELD IN CONTEMPT OF COURT, AND YOUR CONTEMPT MAY BE PUNISHED BY CONFINEMENT IN JAIL, A FINE, OR BOTH.</p> |
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DATED this ____ day of _____, 20 ____.

Judicial Officer's Signature

Judicial Officer's Name (Type or Print Name)

ACKNOWLEDGEMENT

I (We), the undersigned acknowledges receiving a copy of this Order and agree(s) to be bound by its provisions, whether or not read before signing, as long as serving as guardian.

Guardian's Signature

Date

Guardian's Name (Type or Print Name)

Co-Guardian's Signature (if any)

Date

Co-Guardian's Name (Type or Print Name)

PROBATE FORM 11:
PROBATE INFORMATION FORM FOR DECEDENT'S ESTATE

Name of Person Filing Document: _____

Address: _____

City, State, Zip Code: _____

Telephone Number: _____

Attorney Bar No. (if applicable): _____

Licensed Fiduciary No. (if applicable): _____

Representing ☐ Self or ☐ Attorney for: _____

IN THE SUPERIOR COURT OF ARIZONA
IN AND FOR THE COUNTY OF _____

IN THE MATTER OF THE ESTATE OF:

_____,

Deceased.

Case Number: _____

PROBATE INFORMATION FORM

☐ **Updated** *(check this box if this is an updated form)*

INSTRUCTIONS:

1. Complete this form to the best of your knowledge and ability and then file it with your application or petition.
2. If you later learn of additional information that you omitted or if you later learn that any information in this form is incorrect, you must file an updated probate information form.
3. For purposes of this form, "Financial Institution" means a national banking association, a holder of a banking permit under Arizona law, a savings and loan association authorized to conduct trust business in Arizona, a title insurance company qualified to do business in Arizona, or a trust company holding a certificate to engage in trust business from the superintendent of financial institutions.

4. Items designated with an asterisk (*) constitute “contact information” under Rule 6, Arizona Rules of Probate Procedure. If contact information changes, you must file a notice of change of contact information.
5. This form is filed as a confidential document, so it is *not* available to the general public. In addition, you are *not* required to provide anyone with this form, other than the court.

Section 1:

Information About the Nominated Personal Representative/Special Administrator:

- A. Name: _____
- B. Is this person or entity an Arizona Licensed Fiduciary? [] Yes [] No
- a. If Yes, write that person or entity’s Licensed Fiduciary Number on the line below:
- _____
- C. Mailing Address:* _____
- D. Physical Address:* _____
- E. Work Telephone Number:* _____
- F. Email Address:* _____

(If the nominated personal representative/special administrator is an Arizona Licensed Fiduciary or a Financial Institution, proceed to Section 2 below. Otherwise, complete the remainder of Section 1.)

- G. Home Telephone Number:* _____
- H. Cellular Phone Number:* _____
- I. Date of Birth: _____
- J. Social Security Number: _____
- K. Race: _____
- L. Height: _____
- M. Weight: _____
- N. Eye Color: _____
- O. Hair Color: _____
- P. Sex: _____

Section 2:

Information About the Decedent:

A. Name: _____

B. Date of Birth: _____

C. Date of Death: _____

D. Social Security Number: _____

I, _____ (write your name in this space), under the penalty of perjury, do hereby swear that the foregoing information is true and correct to the best of my knowledge and belief.

DATED this ____ day of _____, 20__.

PROBATE FORM 12:
PROBATE INFORMATION FORM FOR
GUARDIANSHIP/CONSERVATORSHIP

Name of Person Filing Document: _____

Address: _____

City, State, Zip Code: _____

Telephone Number: _____

Attorney Bar No. (if applicable): _____

Licensed Fiduciary No. (if applicable): _____

Representing ☐ Self or ☐ Attorney for: _____

IN THE SUPERIOR COURT OF ARIZONA
IN AND FOR THE COUNTY OF _____

IN THE MATTER OF:

_____.

Case Number: _____

PROBATE INFORMATION FORM

☐ Updated *(check this box if this is an updated form)*

INSTRUCTIONS:

1. **Complete this form to the best of your knowledge and ability and then file it with your application or petition.**
2. **If you later learn of additional information that you omitted or if you later learn that any information in this form is incorrect, you must file an updated probate information form.**
3. **For purposes of this form, “Financial Institution” means a national banking association, a holder of a banking permit under Arizona law, a savings and loan association authorized to conduct trust business in Arizona, a title insurance company qualified to do business in Arizona, or a trust company**

holding a certificate to engage in trust business from the superintendent of financial institutions.

4. Items designated with an asterisk (*) constitute “contact information” under Rule 6, Arizona Rules of Probate Procedure. If contact information changes, you must file a notice of change of contact information.
5. This form is filed as a confidential document, so it is *not* available to the general public. In addition, you are *not* required to provide anyone with this form other than the court.

Section 1:

Information About the Nominated Guardian (if applicable):

A. Name: _____

B. Is this person or entity an Arizona Licensed Fiduciary? ☐ Yes ☐ No

a. If Yes, write that person or entity’s Licensed Fiduciary Number on the line below:

C. Mailing Address:* _____

D. Physical Address:* _____

E. Work Telephone Number:* _____

F. Email Address:* _____

(If the nominated guardian is an Arizona Licensed Fiduciary or a Financial Institution, proceed to Section 2 below. Otherwise, complete the remainder of Section 1.)

G. Home Telephone Number:* _____

H. Cellular Phone Number:* _____

I. Date of Birth: _____

J. Social Security Number: _____

K. Race: _____

L. Height: _____

M. Weight: _____

N. Eye Color: _____

O. Hair Color: _____

P. Sex: _____

Section 2:

**Information About the Nominated Conservator (if applicable or if different from
Section 1):**

A. Name: _____

B. Is this person or entity an Arizona Licensed Fiduciary? [] Yes [] No

a. If Yes, write that person or entity's Licensed Fiduciary Number on the line below:

C. Mailing Address:* _____

D. Physical Address:* _____

E. Work Telephone Number:* _____

F. Email Address:* _____

(If the nominated conservator is an Arizona Licensed Fiduciary or a Financial Institution, proceed to Section 2 below. Otherwise, complete the remainder of Section 2.)

G. Home Telephone Number:* _____

H. Cellular Phone Number:* _____

I. Date of Birth: _____

J. Social Security Number: _____

K. Race: _____

L. Height: _____

M. Weight: _____

N. Eye Color: _____

O. Hair Color: _____

P. Sex: _____

Section 3:

Information About the Person Who Needs a Guardian or Conservator:

- A. Name: _____
- B. Mailing Address:* _____
- C. Physical Address:* _____
- D. Home Telephone Number:* _____
- E. Work Telephone Number:* _____
- F. Cellular Phone Number:* _____
- G. Email Address:* _____
- H. Date of Birth: _____
- I. Social Security Number: _____
- J. Race: _____
- K. Height: _____
- L. Weight: _____
- M. Eye Color: _____
- N. Hair Color: _____
- O. Sex: _____

I, _____ (write your name in this space), under the penalty of perjury, do hereby swear that the foregoing information is true and correct to the best of my knowledge and belief.

DATED this ____ day of _____, 20__.

PROBATE FORM 13

NOTICE OF CHANGE OF FIDUCIARY'S CONTACT INFORMATION

Name of Person Filing Document: _____

Address: _____

City, State, Zip Code: _____

Telephone Number: _____

Attorney Bar No. (if applicable): _____

Licensed Fiduciary No. (if applicable): _____

Representing ☐ Self or ☐ Attorney for: _____

IN THE SUPERIOR COURT OF ARIZONA

IN AND FOR THE COUNTY OF _____

IN THE MATTER OF THE ESTATE OF:

_____,
Deceased.

Case Number: _____

**NOTICE OF CHANGE OF
FIDUCIARY'S CONTACT
INFORMATION**

INSTRUCTIONS:

1. Complete this form to the best of your knowledge and ability.
2. If any of the information in this form later changes, file a new "notice of change of fiduciary's contact information" form.
3. For purposes of this form, "Financial Institution" means a national banking association, a holder of a banking permit under Arizona law, a savings and loan association authorized to conduct trust business in Arizona, a title insurance company qualified to do business in Arizona, or a trust company holding a certificate to engage in trust business from the superintendent of financial institutions.

4. Unless the court orders otherwise, you must mail or deliver a copy of this form to all the parties and interested persons in this case.

NOTICE IS HEREBY GIVEN that, effective _____ (insert date), the undersigned fiduciary's contact information is as follows:

A. Name: _____

B. Is this person or entity an Arizona Licensed Fiduciary? [] Yes [] No

a. If Yes, write that person or entity's Licensed Fiduciary Number on the line below:

C. Mailing Address: _____

D. Physical Address: _____

E. Work Telephone Number: _____

F. Email Address: _____

(If the fiduciary is an Arizona Licensed Fiduciary or a Financial Institution, skip items G and H and proceed to the date and signature lines.)

G. Home Telephone Number: _____

H. Cellular Phone Number: _____

I, _____ (write your name in this space), under the penalty of perjury, do hereby swear that the foregoing information is true and correct to the best of my knowledge and belief.

DATED this ____ day of _____, 20__.

(Signature)

PROBATE FORM 14:
NOTICE OF CHANGE OF WARD'S CONTACT INFORMATION

Name of Person Filing Document: _____

Address: _____

City, State, Zip Code: _____

Telephone Number: _____

Attorney Bar No. (if applicable): _____

Licensed Fiduciary No. (if applicable): _____

Representing [] Self or [] Attorney for: _____

IN THE SUPERIOR COURT OF ARIZONA
IN AND FOR THE COUNTY OF _____

IN THE MATTER OF THE ESTATE OF:

_____,
Deceased.

Case Number: _____

**NOTICE OF CHANGE OF WARD'S
CONTACT INFORMATION**

INSTRUCTIONS:

1. Complete this form to the best of your knowledge and ability.
2. If any of the information in this form later changes, file a new "notice of change of ward's contact information" form.
3. Unless the court orders otherwise, you must mail or deliver a copy of this form to all the parties and interested persons in this case.

NOTICE IS HEREBY GIVEN that, effective _____ (insert date), the ward's contact information is as follows:

A. Name: _____

B. Mailing Address: _____

C. Physical Address: _____

D. Work Telephone Number: _____

E. Home Telephone Number: _____

F. Cellular Phone Number: _____

G. Email Address: _____

I, _____ (write your name in this space), under the penalty of perjury, do hereby swear that the foregoing information is true and correct to the best of my knowledge and belief.

DATED this ____ day of _____, 20__.

(Signature)

PROBATE FORM 15:

**AUTHORIZATION TO OBTAIN CERTIFIED COPY OF A SEALED
DOCUMENT**

Name of Person Filing Document: _____

Address: _____

City, State, Zip Code: _____

Telephone Number: _____

Attorney Bar No. (if applicable): _____

Licensed Fiduciary No. (if applicable): _____

Representing ☐ Self or ☐ Attorney for: _____

IN THE SUPERIOR COURT OF ARIZONA

IN AND FOR THE COUNTY OF _____

IN THE MATTER OF:

_____,
_____.

Case Number: _____

**AUTHORIZATION TO OBTAIN
CERTIFIED COPY OF LETTERS OF
APPOINTMENT AND/OR ORDER
OF APPOINTMENT**

Pursuant to Rule 7.1(b), Arizona Rules of Probate Procedure, I, _____
(write your name in this space), authorize _____ (write authorized person's name in this space) to
obtain a certified copy of the following sealed document(s) in this case (check one or both of the
boxes):

☐ Order of appointment of a fiduciary

☐ Letters of appointment of a fiduciary

Under the penalty of perjury, I certify that I am one of the following (check only one of the boxes):

☐ The fiduciary appointed in the requested document(s)

☐ The attorney of record for the fiduciary appointed in the requested document(s)

DATED this ____ day of _____, 20__.

(Signature)

State of Arizona)

)

County of _____)

On this ____ day of _____, 20__, before me personally appeared _____, whose identity was proven to me on the basis of satisfactory evidence to be the person who he or she claims to be and acknowledged that he or she signed the above document.

Notary Public

Seal and commission expiration date: